Headquarters U. S. Air Force

Integrity - Service - Excellence

Air Force Suicide Prevention Program (AFSPP) CY03 Summary

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1 Jan 2004

Lt Col Rick L. Campise, Ph.D., ABPP

Chief, AFSPP

What's In a Name?

- Air Force Suicide Prevention Program (AFSPP)
- Air Force Community Suicide Prevention Program
- Air Force Community Suicide Prevention Process
- Air Force Community, Prevention Process
- More Than Just A 30 Minute Briefing

How We Were Doing

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- **Calendar Year Annual Average**
  - **1987 to 1991 71.0 deaths 12.7/100K**
  - **1992 to 1996 59.8 deaths 14.3/100K**

History

- Program Initiated in 1996 by AF/CV
- 75 Member Suicide Integrated Product Team
- 11 Initiatives (AFPAM 44-160)

History: 11 Initiatives (AFPAM 44-160)

1. **Leadership Involvement**
2. **Suicide Prevention in PME**
3. **Leaders as Gatekeepers**
4. **Community Prevention Services**
5. **Annual Suicide Prevention Training (AFI 44-154)**
6. **Investigative Interview Hand-Off Policy**

History: 11 Initiatives (AFPAM 44-160)

7. **Critical Incident Stress Management (AFI 44-153)**
8. **Created IDS, energized CAIB (AFI 90-501)**
9. **Established Limited Patient-Psychotherapist Privilege (AFI 44-109)**
10. **Behavioral Health Survey**
11. **Epidemiological Database & Surveillance System (SESS)**

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Goals

- **Reduce** active duty Air Force suicides
- Advocate a **community** approach
- Provide **assistance** and guidance to organizations and individuals administering components of the AFSPP
- Identify **factors** contributing to suicide and develop a response to reduce their impact

How We Are Doing

- **Where we were: CY Annual Average**
  - **1987 to 1991 71.0 deaths 12.7/100K**
  - **1992 to 1996 59.8 deaths 14.3/100K**

- **Where we are: CY Annual Average**
  - **1997 to 2003 33. deaths 9.2/100K**
  - **Program fully implemented in 1997**

- **Most recent data: CY Annual Average**
  - **2003 38.0 deaths 10.2/100K**

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Success

- Nationally recognized leader in suicide prevention
- AF suicide rates are down 36% since 1996
- President's New Freedom Commission on Mental Health identified as model program (Jul 03)
- Harvard suicide prevention brochure (Jun 03)
- AFSPP Website received Silver Medal for Public Service (Apr 03)
- Health and Human Services Best Practice (Dec 02)
- US Surgeon General Dr. David Satcher (May 01)
- Numerous consultations with international, national, regional, and state agencies

Failure Through Success

- Tilamook County, Oregon became model for community mobilization (county govt, schools, churches, community college, YMCA, business community)
- County's teen pregnancy rate
  - 1990: 23.8 births/1000 females aged 10 – 17
  - 1994: 7.1 lowest in state

Failure Through Success

- County's teen pregnancy rate
  - 1990: 23.8 births/1000 females aged 10 – 17
  - 1994: 7.1 lowest in state
  - 1999: 21.0 exceeded state avg of 15.9
- Why success wilted
  - Community involvement, energy, and enthusiasm waned (attention turned to other issues)
  - Loss of key leaders, moved to other communities or jobs

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Caution

- Air Force has been the most successful suicide prevention program in the nation for 7 years
- Landscape is littered with gold standards that failed
- CY03 ended with a rise in suicides
- Suicide prevention is successful only as long as leaders and the community are fully engaged
- Recognize when others are in distress and refer them to agencies that can help

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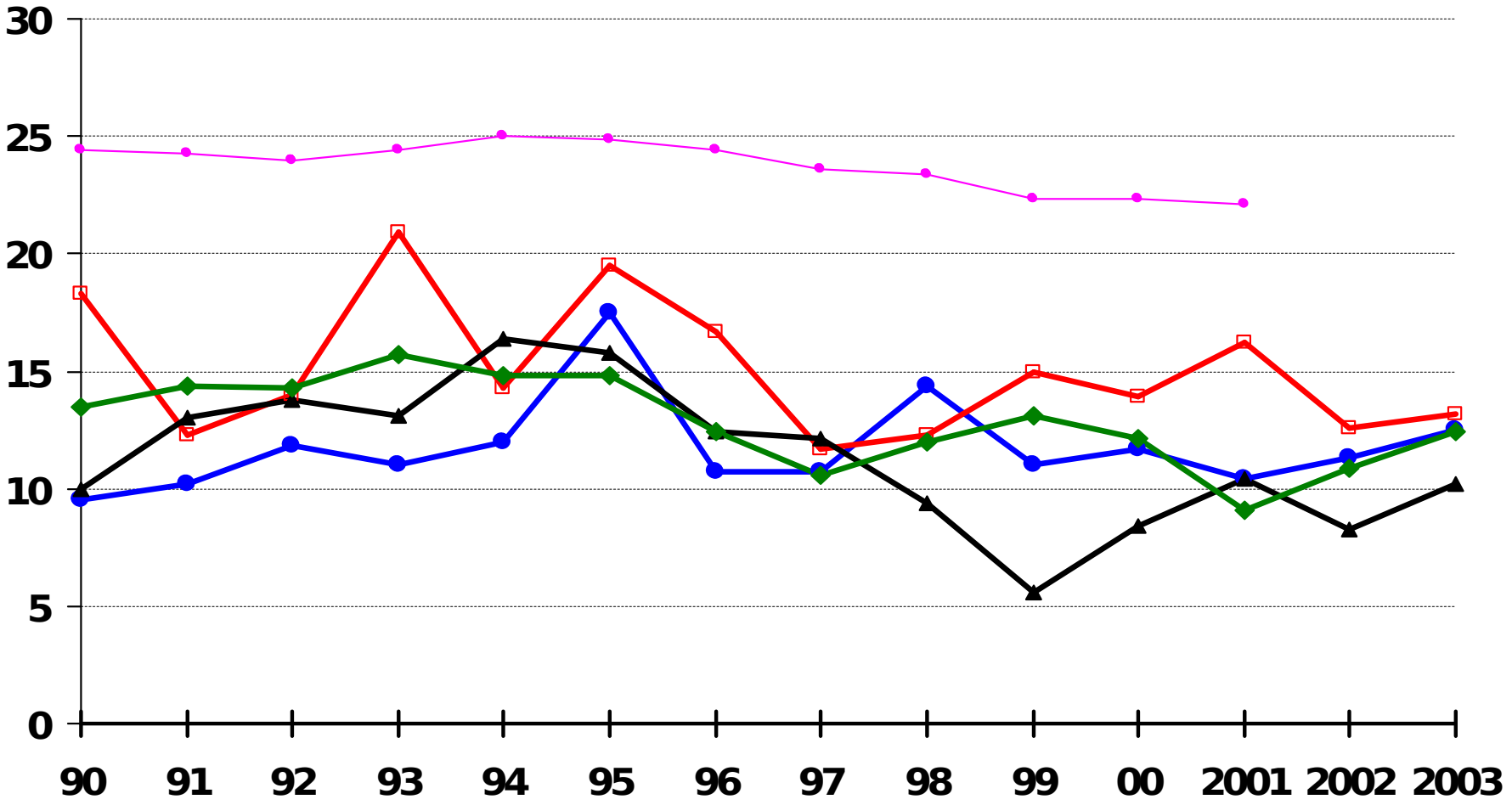
DoD CY Suicide Rates 1990-2003



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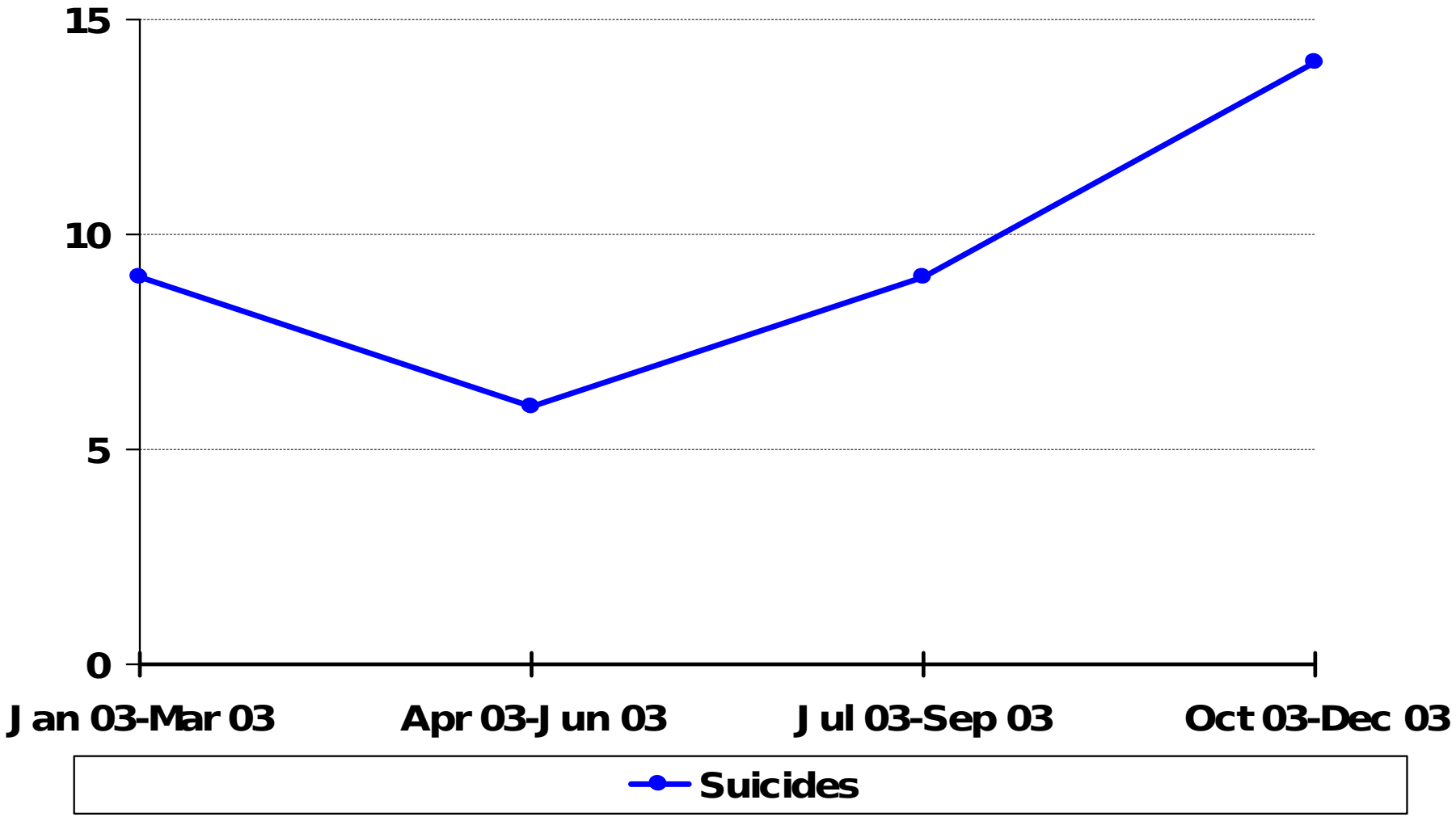
Air Force Suicides Per Quarter



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Jan 03 – Dec 03 Suicides by Date

1 Jan 03	22 May 03	4 Oct 03	13 Dec 03
1 Jan 03	27 Jun 03	6 Oct 03	14 Dec 03
7 Jan 03	28 Jun 03	12 Oct 03	
12 Feb 03	8 Jul 03	15 Oct 03	
12 Feb 03	13 Jul 03	16 Oct 03	
18 Feb 03	16 Jul 03	20 Oct 03	
25 Feb 03	16 Jul 03	6 Nov 03	
5 Mar 03	1 Aug 03	11 Nov 03	
23 Mar 03	2 Aug 03	15 Nov 03	
9 Apr 03	7 Aug 03	18 Nov 03	
27 Apr 03	9 Aug 03	26 Nov 03	
28 Apr 03	26 Sep 03	10 Dec 03	

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Jan 03 – Dec 03
32 Bases with Suicides

1-Andrews
2-Barksdale
1-Charleston
1-Dover
1-Dyess
1-Eglin
1-Fairford
1-Geilenkirchen
1-Goodfellow
2-Grandforks
3-Hill
1-Hurlburt Field
1-Kadena
1-Keesler
1-Lackland
1-Little Rock
1-Luke
1-Maxwell
1-McConnel
1-Molesworth
1-Mountain Home
1-Nellis
3-Offutt
1-Osan
1-Pentagon
1-Pope
1-Scott
1-Shaw
1-Tyndall
1-Vandenberg
1-Wright-Patrick
1-Yokota

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CY03

- 38 Airmen lost to suicide
- 32 bases, 4 bases with multiple suicides
- 10.2/100K
- 35 males, 3 females
- 17-24 years of age (37% of AF, 47% of suicides)
- E-3s/E-4s (31% of AF, 53% of suicides)
- Single or divorced (41% of AF, 63% of suicides)
- Romance, legal, substance, financial problems
- Primary modes of death are firearms and hanging
- 24% sought help at Life Skills month prior to death
- No in-theater OIF/OEF suicides

*Suicide data must be viewed with caution, majority of suicide cases have not been closed and data is subject to change

Keeping the Light Burning

- Public Forums (AD/Civ/Scientific) CY03
  - Written word
    - Articles, leadership memos
  - Spoken word
    - Conferences, interviews, presentations
- SP Products/Activities
  - Standardize products/procedures
  - Create products people want to use

Keeping the Light Burning: AF Leadership Support

- CSAF-Suicide Prevention and the AF Family (Nov 03)
- CSAF-Help Seeking and Suicide Prevention (Jul 03)
- CV-High OPSTEMPO Suicide Prevention (Apr 03)
- CVA-2003 Community Suicide Prevention Briefing (Mar 03)
- CVA-2003 Leadership Suicide Prevention Briefing (Mar 03)

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Creating New Products

“ Here he is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it…”

A. A. Milne

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Accomplishments

- **AFSPP Website https://www.afms.mil/afspp (Dec 02)**
- **AF Guide for Managing Suicidal Behavior (Dec 02)**
- **Video: Everyone's Willingness to Care (Jan 03)**
- **Revised AFI 44-154 (Jan 03)**
- **2003 Community Suicide Prevention Briefing CD (Apr 03)**
- **2003 Leadership Suicide Prevention Briefing CD (Apr 03)**
- **Video - Supporting Those Left Behind (May 03)**

Accomplishments, Cont.

- Air Force Guide for Managing Suicidal Behavior
  - Guide (Dec 02)
  - Guide Training (Sep 03)
    - Behavioral Sciences Symposium, ADAPT World-Wide Conference, Family Advocacy Officers Conference
    - Social Work, Psychology, and Psychiatry Residency and Internship Program Directors
    - AFRC
  - Videos (Nov 03)
    - Video-Assessing Suicidality
    - Video-Managing Outpatients
    - Video-Consulting with Leaders

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Current Activities

- Leaders Guide for Helping Personnel in Distress (Jan 04)
  - Video-Consulting with Mental Health (ECD 04)
- Post-Investigative Interview Handouts (ECD Jun 04)
- 2004 Community Suicide Prevention Briefing CD (ECD Jun 04)
- 2004 Leadership Suicide Prevention Briefing CD (ECD Jun 04)

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Current Activities

- **Integrated Deliver System – Consultation Assessment Tool I (Aug 04)**
- **Integrated Deliver System – Consultation Assessment Tool II (Aug 04)**
- **Collaborative Assessment and Management of Suicidality (ECD TBD)**

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Current Activities: Consultations

- **Stark County, OH (Jan 03)**
- ***Transporting the AFSPP into Your Community,* presentation delivered at Cal State Hayward Suicide Prevention Symposium (Mar 03)**
- **Directorate of Mental Health, Dept of Defence, Canberra, Australia (May 03)**
- **British Army in Northern Ireland (May 03)**
- **Slovenia, Dept of Public Health (Sep 03)**
- **US Air Marshals (Oct 03)**

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Current Activities: DoD Committee

- **Suicide Prevention & Risk Reduction Committee (SPARRC)**
  - **DoDD Suicide Prevention Programs in the Military Services**

Research Partnerships: Completed

- **Retrospective evaluation of AFSPP effectiveness: University of Rochester Center for the Study of the Prevention of Suicide; $30K, NIMH & WRAIR (Dec 03)**
- **Mental Health-Career Impact and Confidentiality: 8 bases, Maj Andy Rowan & Lt Col Rick Campise (Dec 03)**
- **Clinical Care of Suicidal Outpatients in Two Air Force Life Skills Support Centers: Catholic University, Dr. Dave Jobes & Capt John Drozd (Nov 03)**

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Research Partnerships: Current

- **NORTH STAR (New Orientation for Reducing Threats to Health from Secretive-problems That Affect Readiness): Develop method of estimating prevalence of family violence, substance abuse, and suicidality; New York State University-Stonybrook; $1.8M, DoD PRMRP; Jan 03-Dec 05**
- **RAPTOR (Rochester/Air Force Prospective InTervention Outcome Research project): Identify and refine components of AFSPP that are most effective; University of Rochester; $727K, NIMH; Jul 02-Jun 07**

Research Partnerships: Current, Cont.

- **Points of intervention and suicide subtypes: Dr. David Rudd, Baylor University, Dr. Dave Jobes, Catholic University, Lt Col Rick Campise, formulation stage**

Why Devote So Many Resources to Suicide Prevention?

- **Personally**
- **Morally**
- **Overall Quality of Life**
- **Institutionally**

Results If We Did Not Change

- **Rates**
  - **1990 to 1996 13.5/100K 355 Lives Lost**
  - **1997 to 2003 9.2/100K 230 Lives Lost**
- **Lives saved by decreasing suicide rate**
  - **125 Airmen**
  - **Fathers/mothers, brothers/sisters, husbands/wives, sons/daughters, friends**
  - **Supervisors/supervisees/co-workers**
  - **Flyers, maintenance, security forces, support, services, medical/dental, legal, intelligence, etc.**

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Expanded Slides

- **AFSPP Website**
- **2003 Community Suicide Prevention Briefing**
- **2003 Leadership Suicide Prevention Briefing**
- **AF Guide for Managing Suicidal Behavior**
- **Leaders Guide for Managing Personnel in Distress**
- **Keeping the Light Burning**

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Air Force Suicide Prevention Program

Website

https://www.afms.mil/afspp/

AFSPP | Air Force Suicide Prevention Program

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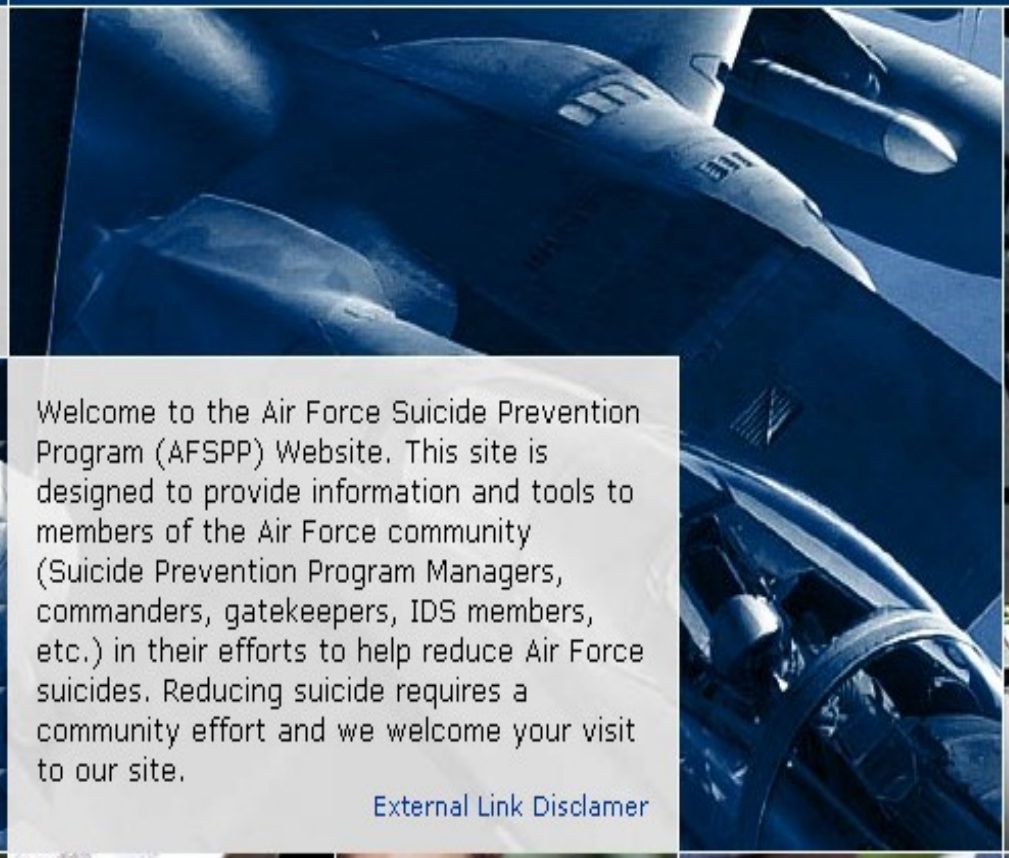


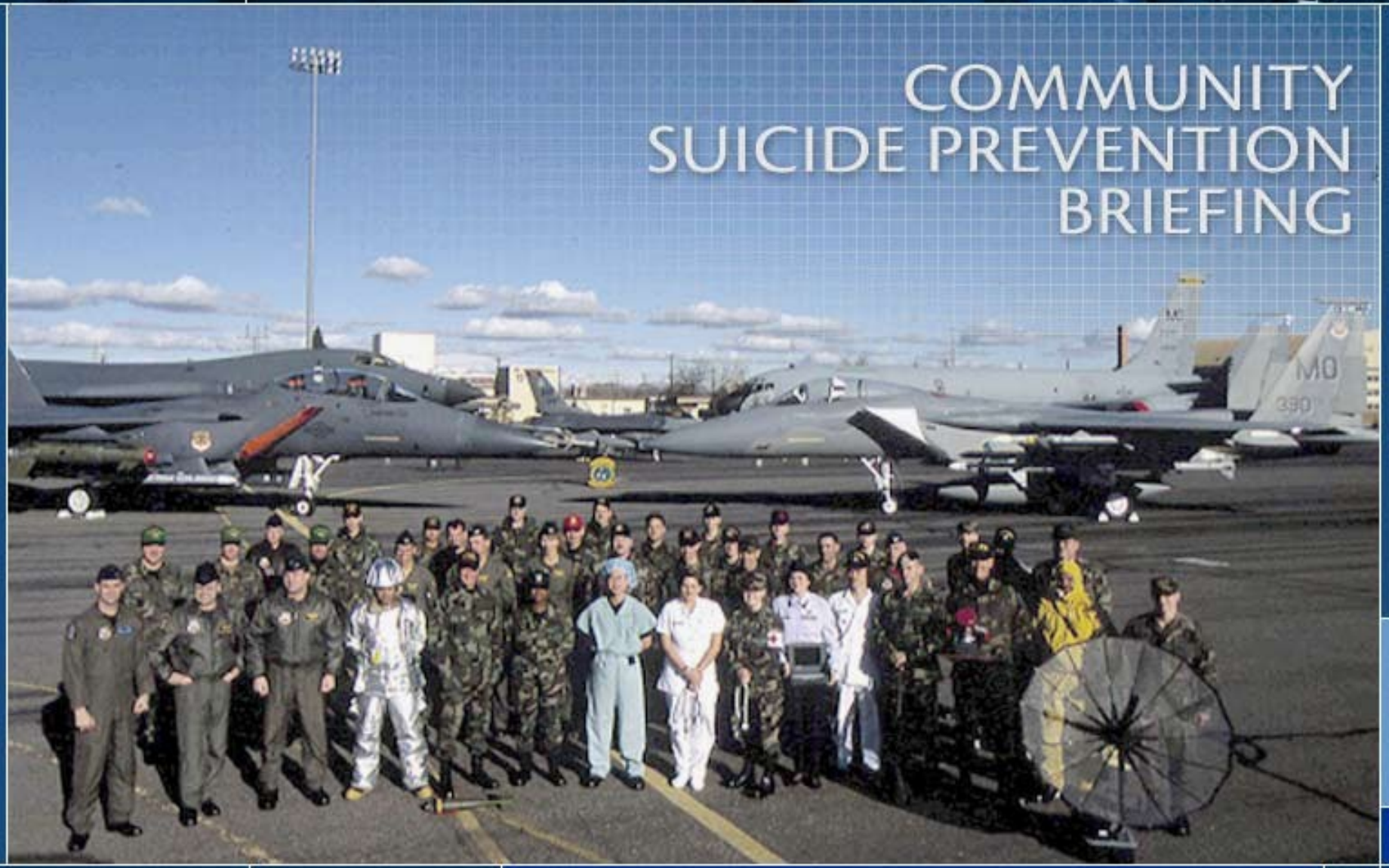
- AFSPP Overview
- Getting Started
- Products
- Policy and Guidance
- Resources
- Press

Welcome to the Air Force Suicide Prevention Program (AFSPP) Website. This site is designed to provide information and tools to members of the Air Force community (Suicide Prevention Program Managers, commanders, gatekeepers, IDS members, etc.) in their efforts to help reduce Air Force suicides. Reducing suicide requires a community effort and we welcome your visit to our site.

External Link Disclamer

- Feedback
- Sitemap
- FAQs

COMMUNITY SUICIDE PREVENTION BRIEFING



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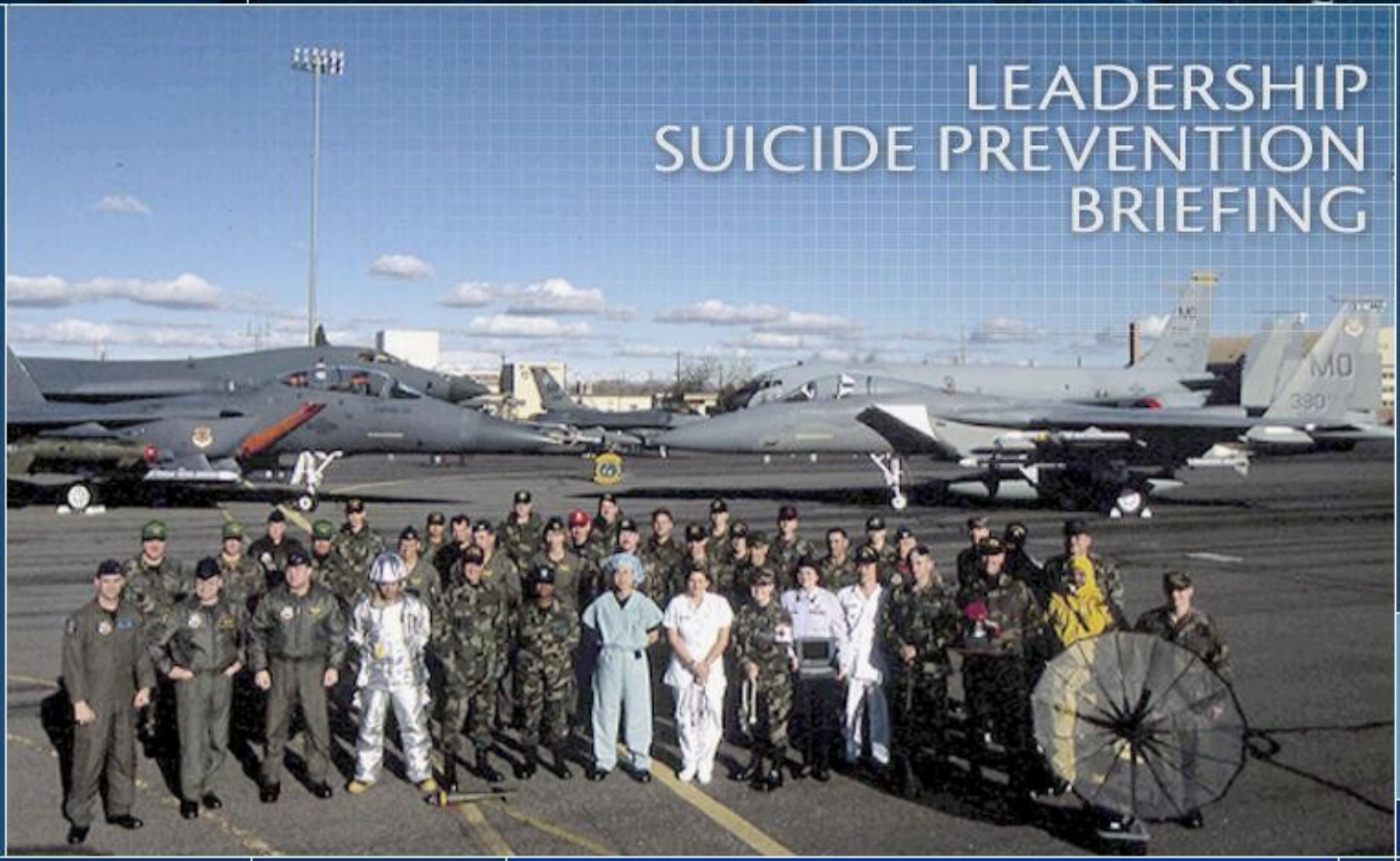
2003 Community Suicide Prevention Briefing

- Designed for general audiences
- Theme: Suicide prevention requires a community effort from each one of us
- 20 Slides
- Starts and ends with video by General Jumper
- Uses sophisticated graphics
- Meets AFI 44-153 requirements for suicide prevention briefing

LEADERSHIP SUICIDE PREVENTION BRIEFING



2003 Leadership Suicide Prevention Briefing

- **Designed for leaders at MAJCOM Wing, Group, and Squadron CC Courses but can be given in any setting to any AF leader**
- **Theme: Suicide prevention is the responsibility of the entire Air Force community. As leaders we are responsible for creating a culture that encourages help seeking and suicide prevention.**
- **21 Slides**
- **Starts and ends with video by General Jumper**
- **Uses sophisticated graphics**

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Air Force Guide for Managing Suicidal Behavior: Strategies, Resources, and Tools

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Clinical Guide: Introduction

- Clinical guide for AF mental health providers for the assessment and management of suicidal behavior
  - 18 Recommendations
    - Strategies, tools, and resources for meeting each recommendation
  - 12 Appendixes
    - Templates and examples

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Clinical Guide: Recommendations

- **Assessment of suicide risk**
- **A decision-making framework**
- **Outpatient management strategies**
- **Documentation strategies**
- **Coordinating with inpatient care**
- **Clinic support and peer consultation**
- **Ensuring continuity of care**
- **Links with the community**

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Clinical Guide: Appendixes

- Process of care flow chart
- Template for operating instruction
- Suicide assessment instruments table
- Suicide status form
- Suicide tracking form
- Crisis response plan cards
- Sample risk assessment documentation
- Suggested SF 600 suicide assessment overprint
- Sample MOU with civilian inpt care facilities
- Template client information sheet
- Sample no-show letter
- Access to care handout

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Leaders Guide for Managing Personnel in Distress

- Home
- AF/CVA Memo
- Main Index
- Settings & Layout
- Using The Guide
- Executive Summary
- Community Resources
- Leadership In Action
- Glossary
- Key Word Index
- Acknowledgements

Leader's Guide For Managing Personnel in Distress

Welcome to the United States Air Force Leader's Guide for Managing Personnel in Distress

This guide is UNCLASSIFIED and For Official Use Only (FOUO).

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Leader's Guide Overview

- Designed to help leaders
  - Recognize and respond to distress
  - Active duty and civilian unit members
- Guide development
  - 24 month project
  - Working group: Commanders, First Shirts, IDS members, program managers (Family Advocacy; Suicide Prevention; Alcohol/Drug), MAJCOM Behavioral Health Consultants, AF Safety, civilian experts, content experts throughout AF
  - Involvement of over 100 individuals

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Organization

- CD, 35 areas of distress
- Each topic
  - Overview
  - Relevant policy
  - Suggested resources
  - References
- Checklist
  - Scenarios
  - Behaviors/signs
  - General support actions

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Topics

- Alcohol and drug abuse
- Anxiety
- Civilian personnel
- Critical incidents/unit death/pre-exposure prep
- Depression
- Domestic violence and family maltreatment
- Suicidal behaviors
- Work related violence
- Work related stressors
- New assignment/PCS

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Topics, Cont.

- Special family needs
- Legal problems
- Medical problems
- Sexual assault and rape
- Sexual harassment/stalked
- Physical assault
- Automobile accident
- Robbery/burglary/crime victim
- Relationship/marital problems
- Death of someone close

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Topics, Cont.

- Fire/destruction of property
- Financial pressures
- Separation/retirement
- Support during administrative separation
- CDEs/profiles/medical boards
- Psychiatric hospitalization
- Following personnel in distress
- IDS & other community organizations/resources
- Deployment and operational stressors

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Topics, Cont.

- Unintentional injury and safety
- Work performance problems
- Natural helpers-B.A.S.I.C. peer support
- Self care in distress prevention
- Leadership in action – strategies for distress prevention and management
- Deployments

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Delivery

- Released Jan 04
- CD distributed via
  - MAJCOM Behavioral Health Consultants
  - MAJCOM IDS Chairs
  - MAJCOM New SQ, Group, Wing CC Courses
  - First Shirt Academy, PME
  - Behavioral Health and Line Conferences
  - Download from https://www.afms.mil/afspp
  - Shared with AFRC and ANG

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Example: Suicide

I. Overview

- Identifying Individuals at Risk
- Ways to Respond
- Intervening When Immediate Help is Required
- What Leaders Can Expect From Mental Health
- Suicide of a Unit Member

II. Relevant Policy

III. Suggested Resources

Suicidal Behaviors--Checklist

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SPECIFIC SITUATIONS	BEHAVIOR/SIGNS	GENERAL SUPPORTIVE ACTIONS
A member displays behaviors suggestive of risk for suicide	☐ Comments that suggest thoughts of suicide ☐ Giving away possessions ☐ Uncharacteristic risk taking (e.g., reckless driving) ☐ Appearing overwhelmed by recent stressor(s) ☐ Displaying significant change in mood ☐ Displaying poor impulse control ☐ Significant change in workplace performance ☐ Seeing situation as hopeless ☐ Obsessing about death, dying, etc. ☐ Making amends or challenging people in an aggressive manner ☐ Acquiring a method for suicide (e.g., buying a handgun) ☐ Rehearsing suicidal acts	☐ Ask "How are you doing?" "Is there anything I can do to help?" ☐ Inquire directly about whether he or she is considering suicide ("Have you had thoughts about wanting to harm or kill yourself?") ☐ Keep them safe--do not leave them alone ☐ Take steps to remove potential means of self-harm including firearms, pills, knives, and ropes ☐ If suicidal thoughts are present, encourage voluntary evaluation at LSSC immediately. Escort person to LSSC. Verify with LSSC that member was evaluated. ☐ If member declined to self-refer, initiate an emergency Commander Directed Evaluation ☐ Involve the Security Forces if agitated or combative ☐ If you need answers to specific questions in order to make a decision i.e., appropriateness for certain duties or retention in the Air Force, request a commander directed evaluation ☐ If hospitalization is required, inquire with LSSC about what assistance is needed (e.g., arranging for child care or pet care)

SPECIFIC SITUATIONS	BEHAVIOR/SIGNS	TAILORED SUPPORT
Behavioral health provider informs you that the member is at increased risk for suicide, but member refuses treatment and does not meet criteria for involuntary hospitalization	☐ Same as above	☐ Communicate a personal desire to see the member return to well-being and to full functioning as soon as possible ☐ Express concern and encourage professional help-seeking ☐ Inquire as to whether the individual has at least one source of support. If needed, try to find an acceptable support person, such as the chaplain or peer ☐ Inquire about barriers of seeking help at LSSC ☐ Remove from duties involving access to weapons, poisons, etc. ☐ Collaborate with LSSC to develop plan to monitor risk and provide support. Frequent follow-up will be important ☐ Take steps to limit access to personal firearms, medications, or other potential means of suicide (work with the member and consult with family members, roommates, etc). Consult with SJA and Security Forces

The member is under suspicion or investigation for a UCMJ violation and shows evidence of suicidality	☐ Talking about suicide ☐ Depressed mood or agitation worsens ☐ Increasing hopelessness	☐ Consider LPSP program ☐ Discuss the nature of the protections with the member
The member is in treatment at LSSC but condition is worsening	☐ Increasingly impaired work performance ☐ Depressed mood or agitation worsens ☐ Increasing social isolation ☐ Worsening personal appearance ☐ Bizarre or unusual behavior ☐ Talking of suicide ☐ Noticeable change or decline after a period of stability	☐ Collaborate with LSSC to develop plan to monitor risk and provide support ☐ Take steps to limit access to personal firearms, medications or other potential means of suicide (work with the member and consult with family members, roommates, etc). Consult with SJA and Security Forces. ☐ Communicate a personal desire to see the member return to well-being and to full functioning as soon as possible

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Example: Violence in the Workplace

I. Overview

- Real Life Examples
- General Considerations
- Possible Indicators of Impending Violence/Triggers
- Assessing a Threat
- Leadership's Role in Early Prevention of Violence
- Someone is Disruptive, Agitated, Workers Threatened
- Post-Incidence Response
- And More

II. Relevant Policy

III. Suggested Resources

Work Related Violence--Checklist

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GENERAL SCENARIO	BEHAVIOR/SIGNS	GENERAL SUPPORTIVE ACTIONS
Concern about potential violence by a unit member	☐ Fidgety ☐ Raised voice ☐ Impulsive actions ☐ Verbal threats ☐ Breaking, throwing or destroying things in anger or retribution for a perceived slight ☐ Clenching fists tightly ☐ Veiled threats ☐ Coworkers raise questions or express concern over the person's behavior ☐ Upset over recent events ☐ Challenging authority ☐ Recent major change in behavior, demeanor or appearance ☐ Withdrawal from normal activities, family, friends, or coworkers ☐ Harassing or mistreating others ☐ Excessive consumption of alcohol or use of drugs ☐ Escalation of work related problems or domestic problems ☐ Views self as a victim ☐ Preoccupation with violent incidents	☐ Seek to understand the member's grievance and the precipitating circumstances ☐ Summarize what you hear the individual saying ☐ Inquire about history of violent behavior (past behavior is the best predictor of future behavior) ☐ Encourage help seeking to learn skills for better managing conflict and emotions. Use Family Support Center, Health and Wellness Center, Employee Assistance Program, Family Advocacy Program and Life Skills Support Program (LSSC) as resources. ☐ If you need answers to specific questions in order to make a command decision regarding an active duty member i.e., appropriateness for certain duties for retention in the Air Force, request a Commander Directed Evaluation ☐ Be certain to document observations and responses thoroughly ☐ If violence appears imminent, call Security Forces. Make sure there is an escape route, keep a safe distance from the person, set limits calmly but firmly, pursue disciplinary options available.

Violence appears imminent/or member appears out of control		
	☐ Makes threats of physical harm ☐ Has a weapon ☐ Behaves in a manner that causes unit members to fear for safety ☐ Does not respond to previous efforts to calm him/her ☐ Throws objects ☐ Yells loudly or profanely ☐ May appear confused ☐ Flinging arms ☐ Strikes others	☐ Identify one person to lead/talk ☐ Remove non-essential staff ☐ Calmly and firmly set limits ☐ Ask the person to stop the problem behavior ☐ Keep a safe distance ☐ Call Security Forces immediately ☐ Activate your safety plan including a signal when help is needed ☐ Do not isolate yourself--keep the door open ☐ Use a calm, non-confrontational approach to defuse the situation ☐ Never touch the individual ☐ Do not mention discipline ☐ Do not hesitate to call for help ☐ Consult with LSSC ☐ Consider activating High Risk for Violence Support Team ☐ While waiting for Security Forces, assure the member is in a contained place ☐ Control the environment and secure safety for all unit Members ☐ While safety plan is being implemented, never leave person alone

The person assaults another member	☐ Strikes another members ☐ Uses weapon or object to inflict harm	☐ Call Security Forces immediately ☐ Get the victim medical attention immediately if required ☐ If assailant or victim is a civilian employee, contact Civilian Personnel Office ☐ Consider Critical Incident Stress Management if the situation dictates

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Index Example: Alcohol and Drug Abuse

I. Overview
- ADAPT Program
- Warning Signs of Problem Drinking
- Roles and Responsibilities of Leaders
- Methods of Identifying Substance Abusers

II. Relevant Policy
- ADAPT Referral and Intervention Process
- Completing the ADAPT Program
- References Relevant to Alcohol/Substance Abuse
- Identifying Drug Use
- Follow Through After Identification of Drug Use

III. Suggested Resources

IV. References

Alcohol and Drug Abuse--Checklist

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GENERAL SITUATIONS	BEHAVIOR/SIGNS	GENERAL SUPPORTIVE ACTIONS
A unit member is known or is suspected of misusing alcohol or drugs	☐ Alcohol or drug-related incident ☐ Pattern of falls/accidents ☐ Member self-identifies and expresses concern over his/her alcohol use ☐ Frequent tardiness ☐ Member smells of alcohol at work or appears intoxicated during duty hours ☐ Hangover symptoms ☐ Change in member's functioning ☐ Public intoxication ☐ Frequently talking about alcohol and activities involving alcohol ☐ Decline or significant change in work performance ☐ Indications of physiological withdrawal (tremors, sweating, anxiety, and irritability) ☐ Interpersonal problems ☐ Changes in appearance ☐ Significant mood changes	☐ Demonstrate your concern about the potential substance misuse ☐ Schedule an ADAPT evaluation for the member ☐ Notify member of reason(s) for the evaluation ☐ If member is on flying status, notify flight surgeon ☐ Communicate support during the evaluation and treatment process ☐ Remind the member of safety issues

SPECIFIC SITUATIONS	BEHAVIOR/SIGNS	TAILORED SUPPORT
Alcohol and Drug Abuse Prevention and Treatment (ADAPT) makes alcohol diagnosis	☐ The member refuses to enter an ADAPT program ☐ Member enters ADAPT program	☐ Consult with the Staff Judge Advocate (SJA) ☐ Counsel the member about compliance with treatment ☐ Encourage successful completion of the ADAPT program ☐ Ask member how you can be of assistance ☐ Fully participate in member's treatment plan • Communicate with ADAPT regarding work performance • Participate regularly in treatment team meetings
Alcohol problem improves	☐ The person complies with the treatment plan ☐ The member seeks and engages in more healthy coping activities, such as exercise ☐ Work performance improves	☐ Recognize improvement of the problem ☐ Reinforce the member's progress

Problem with alcohol use continues during and after treatment	☐ Further alcohol-related incidents ☐ Coworkers/family members continue to express concern over the person's pattern of substance use ☐ Treatment program reports relapse(s) ☐ Person misses aftercare appointments or treatment meetings ☐ Person admits to having a relapse	☐ Follow-up with the person and remain attentive for signs of recurrence of the problem ☐ Consult with ADAPT regarding continued problems ☐ Continue to monitor work performance ☐ Support ADAPT random testing ☐ Describe probable future consequence to member if problems continue ☐ Maintain communication with the treatment program ☐ Follow-up with the person • Ask how he/she is doing • Suggest follow-up with Life Skills Support Center ☐ Consult with Staff Judge Advocate (SJA) if considering administrative separation

Suicide Prevention Forums

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Keeping the Light Burning In CY03

- ***AF Surgeon General Issues Two New Tools to Help Prevent Suicides,*** **SG Newswire (Jan 03)**
- ***ACC Steps Up to Prevent Suicide,*** **ACC News Service (http://www2.acc.af.mil/accnews/jan03/03001.html) (7 Jan 03)**
- ***Surgeon General Issues SP Tools,*** **AF Link (22 Jan 03)**
- **Lt Col Campise, *Suicide Prevention Tools,* AF Radio interview (24 Jan 03)**
- **Consulted with Stark County, OH as they created their SPP (Jan 03)**

Keeping the Light Burning 03

U.S. AIR FORCE

- ***AF Surgeon General Issues Two New Tools to Help Prevent Suicides*, Wilford Hall Medical Center Vital Signs, Lackland AFB, TX (6 Feb 03)**
- **Lt Col Campise, *AFSPP*, AFRC Behavioral Health Symposium (26 Feb 03)**
- **Dr. Jobes, Dr. Rudd, Lt Col Campise, Maj Oordt, & Maj Thompson, interview with the News Director of the National Alliance for the Mentally Ill (26 Feb 03)**
- **Lt Col Campise, *AFSPP Products*, AFRC Behavioral Health Symposium (28 Feb 03)**
- **Lt Col Campise, *AFSPP*, Institute of Mental Health and Wellness Education, California State University at Hayward, Mental Health and Suicide Prevention Symposium (8 Mar 03)**

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Keeping the Light 03

- **Lt Col Campise, *Transporting the AFSPP into Your Community*, Institute of Mental Health and Wellness Education, California State University at Hayward, Mental Health and Suicide Prevention Symposium (8 Mar 03)**
- **Lt Col Campise, *AFSPP*, TRICARE Mid-Atlantic Region Conference (18 Mar 03)**
- **Lt Col Campise, *Current AFSPP Initiatives*, Behavioral Sciences Symposium, Sheppard AFB, TX (2 Apr 03)**
- **Lt Col Campise, Maj Oordt, Dr. Rudd, & Dr. Jobes, *AF Guide for Managing Suicidal Behavioral Workshop*, Behavioral Sciences Symposium, Sheppard AFB, TX (1 & 2 Apr 03)**
- **Capt Bhagwat, *AFSPP*, AF Medical Law Consultants Annual Conference, Washington, DC (4 Apr 03)**

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- Carolla, B. (2003). *Mental health in the military: A community "Takes care of its own,"* National Alliance for the Mentally Ill Advocate, (Spring 2003).
- AF/CV *High OPSTEMPO Suicide Prevention* (16 Apr 03)
- Lt Cols Blakely and Campise, IDS base template article, *High OPSTEMPO Suicide Prevention* (16 Apr 03)
- Lt Col Campise, *AFSPP-Suicide in the Military Workshop*, American Association of Suicidology, Santa Fe, NM (23 Apr 03)
- Dr. Rudd, Dr. Jobes, Lt Col Campise & Maj Oordt, *Managing Suicidal Behavior Project*, American Association of Suicidology, Santa Fe, NM (26 Apr 03)
- Lt Col Campise, *AF Suicide Research*, Community, Prevention Division Research Conference, San Antonio, TX (1 May 03)

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- **Dr. David Tornberg, Deputy Assistant Secretary of Defense for Clinical and Program Policy, Awareness: A key component to preventing suicide, TRICARE Website (12 May 03)**
- **Journal of the American Medical Association, *Confronting Depression and Suicide in Physicians* (18 Jun 03)**
- **Harvard Injury Control Research Center and the American Association of Suicidology, *A Public Health Approach to Preventing Suicide*, (Jun 03)**
- **Maj Oordt, *Air Force Guide for Managing Suicide*, ADAPT Conf, 15 Jul 03**
- **Lt Col Campise, *AF Leaders Guide for Managing Personnel in Distress*, Annual ADAPT Conf, 15 Jul 03**
- **CSAF Memo, *Help Seeking and Suicide Prevention* (16 Jul 03)**
- **AF Link, *Suicide Prevention Begins with Knowledge*, 22 Jul 03**
- **President's New Freedom Commission on Mental Health, cites AF as model program, 22 Jul 03**

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- AF Radio News, *Suicide Prevention Begins with Knowledge*, 23 Jul 03
- USAF Aim Points, *Today's Message: Suicide Prevention*, 6 Aug 03
- AF Link, *Report Lauds Suicide Prevention Program*, 8 Aug 03
- The Beam, *President Lauds AF Suicide Prevention Program*, 15 Aug 03
- Telephone interview with AF Times (20 Aug 03)
- Lt Col Campise, interview with Associated Press (AP North Dakota) (25 Aug 03)
- AirForceTimes.com, *Base Morale Low After Recent Deaths* (27 Aug 03)
- AF/SG, Gen Peach Taylor, AFTV interview (8 Oct 03)
- USNews & World Report, *In Iraq, in uniform, and in turmoil* (13 Oct 03)
- Lt Col Campise, interview with French TV-TF1 (17 Oct O3)
- Air Force Times, *Iraqi suicides spur look into stress on troops* (27 Oct 03)

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- **Lt Col Campise, *AFSPP Products,* 2nd Annual DoD Suicide Prevention Conference (19 Nov 03)**
- **Vatican Conference on Depression, *Suicide Crisis* (24 Nov 03) (AFSPP mentioned)**
- **US Air Force AIM Points, *Today's Message* (5 Dec 03)**
- **US Air Force AIM Points, *AF Leaders Are Saying* (5 Dec 03)**
- **US Air Force AIM Points, *Ideas That Work* (5 Dec 03)**
- **Lt Col Campise, *AFSPP and You*, Social work and psychology interns (12 Dec 03)**
- **AF Link, *AFSPP Recognized* (12 Dec 03)**
- **British Journal of Medicine, AFSPP (12 Dec 03)**
- **USAF Aim Points, BMJ cites AFSPP (15 Dec 03)**

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- **SG Newswire, *Landmark study gives high marks to AFSPP* (Dec 03)**
- **Good Housekeeping Magazine, *Program Can Cut Suicide Rate* (15 Dec 03)**
- **Healthcentral.com, *Effective Suicide Prevention Program* (16 Dec 03)**
- **Ivanhoe.com, *Effective Suicide Prevention Program* (16 Dec 03)**
- **14WFIE.com, *Effective Suicide Prevention Program* (Dec 03)**

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- **Weekly CSAF suicide data slides**
- **Monthly AF IDS AFSPP briefing**
- **Monthly DoD Suicide Prevention and Risk Reduction Committee**
- **Quarterly AF CAIB AFSPP briefing**
- **Quarterly Behavioral Health Sciences Team (BHST) AFSPP briefing**

QUESTIONS?